

CITY OF MADISON, ALABAMA
APPLICATION FOR CITY OF MADISON TAX ACCOUNTS

NAME OF APPLICANT: _____

DOING BUSINESS AS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

NATURE OF BUSINESS: _____

SIGNATURE & TITLE: _____ TELEPHONE: _____

CHECK APPROPRIATE LINES FOR TYPES OF RETURNS NEEDED:

_____ SALES & USE TAX
DATE LIABILITY WILL BEGIN: _____

_____ LODGING TAX
DATE LIABILITY WILL BEGIN: _____

_____ LIQUOR TAX
DATE LIABILITY WILL BEGIN: _____

_____ RENTAL TAX
DATE LIABILITY WILL BEGIN: _____

_____ GASOLINE TAX
DATE LIABILITY WILL BEGIN: _____

FOR REVENUE DEPARTMENT USE:

ACCOUNT NUMBERS ASSIGNED:

SALES & USE TAX: _____ LODGING TAX: _____

LIQUOR TAX: _____ GASOLINE TAX: _____

RENTAL TAX: _____

MAILING ADDRESS:

CITY OF MADISON
P.O. BOX 99
MADISON, AL 35758